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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 651-0061

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/460,605
Filing Date	12/14/1999
First Named Inventor	DISCHER et al.
Group Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	22253-66093

Total Number of Pages in this Submission

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | RETURN RECEIPT POSTCARD |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Notice re Missing Parts / Corrected Application Papers / Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

CUSTOMER NO. 27730

Firm
or
Individual name

Evelyn H. McConathy (Registration No. 35,279)

Signature

Evelyn H. McConathy

Date

October 4, 2001

CERTIFICATE OF MAILING

CERTIFICATION UNDER 37 CFR § 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the U.S. Postal Service on October 4, 2001, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR § 1.10, Mailing Label Number EL891689085US addressed to the: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name

Karen M. Spina

Signature

Karen M. Spina

Date

October 4, 2001

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

OCT 04 2001

PATENT & TRADEMARK OFFICE

Complete if known

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TOTAL AMOUNT OF PAYMENT (\$) 73**METHOD OF PAYMENT**

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account **50-0979**

Deposit Account Name

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status See 37 CFR 1.27

2. ☒ **Payment Enclosed**

- ☒ Check ☐ Credit Card ☐ Money Order
- ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

SUBTOTAL (1) \$**2. EXTRA CLAIMS FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims 22 -20**	= 2 X 9	=	\$ 18
Independent Claims - 3**	= 0 X 18	=	\$
Multiple Independent	+ 135	=	\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
105	270	205	135	Reissue claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 18

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	\$55
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petition to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$55

10/11/2001 MBIZUNES 00000129 500979 09460605

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10/4/2001